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		<b>SERIOUS INFECTIOUS DISEASES</b>	

This Administrative Regulation is to be made available in law libraries or other inmate resource centers.

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**SUMMARY of REVISION/REVIEW**

Updated references to AR 115.04. Reference to AR 115.16 deleted and added 115.18. Incorporated Policy Directive 016-032.

APPROVED:

  
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## PURPOSE

To provide information and outline health procedures regarding serious infectious diseases (HIV, Hepatitis and Tuberculosis) to inmates. Nebraska Department of Correctional Services (NDCS) employees should refer to Administrative Regulation (AR) 112.35, *Employee Medical Monitoring Surveillance Program*, for information.

## GENERAL

It is the policy of NDCS to maintain an institutional environment that is safe and healthy for inmates, staff and visitors. This will be done by ensuring that all appropriate and necessary precautions are taken to prevent or control the transmission of infectious diseases within NDCS. Policy, procedures and practices shall be updated as new information becomes available and will be reviewed on an annual basis. This policy is applicable to inmates housed within NDCS facilities. NDCS employees should refer to AR 112.35, *Employee Medical Monitoring Surveillance Program*.

## PROCEDURE

### I. PREVENTION

In the facilities, appropriate precautions will be taken to prevent the spread of infectious diseases. Health care workers will refer to the Health Services Infection Control Manual for specific procedures regarding care of patients with infectious diseases and the identification of infectious diseases.

### II. EDUCATION

Education regarding infectious disease is critical to preventing transmission of the microorganisms, as well as the key to alleviating widespread anxiety and misunderstanding about infectious disease. The current facts related to infectious disease including how it is contracted and what preventative methods are recommended must be effectively communicated to all staff and inmates. Health Services has developed and implemented an educational training program regarding infectious diseases and universal precautions to include (at a minimum) coverage of HIV, Hepatitis and Tuberculosis. This training program includes a presentation to all new inmates upon admission to NDCS, and to the general population as required.

### III. IDENTIFICATION

#### A. Human Immunodeficiency Virus (HIV)

The management of HIV infection includes procedures for the identification, surveillance, immunization, treatment and isolation (when indicated).

1. At the time of entry into NDCS, all inmates will be informed of and tested by NDCS medical staff for the presence of Human Immunodeficiency Virus (HIV) unless there is documentation of a previous positive test result. All positive tests will be confirmed by an outside laboratory (Western Blot).
2. Inmates may request voluntary HIV testing subject to the approval of the Institutional Health Care Coordinator/designee. HIV exit testing will be offered to all inmates leaving NDCS.

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3. Inmates may be required to undergo HIV testing by the facility medical staff when the specific inmate is identified as a source of a significant exposure of blood or body fluids to another inmate or staff. (Refer to AR 115.04, *Health Education and Access to Health Services*, Section 14, "Informed Consent").
4. The Institutional Health Care Coordinator/designee may require an inmate to undergo HIV testing when deemed medically appropriate. (Refer to AR 115.04, *Health Education and Access to Health Services*, Section 14, "Informed Consent").

**B. Hepatitis**

1. At the time of entry into NDCS, all inmates shall be screened/tested for the presence of Hepatitis and shall undergo further diagnostic testing by facility medical staff as deemed appropriate by the Institutional Health Care Coordinator/designee.
2. Inmates may request testing for Hepatitis subject to the approval of the Institutional Health Care Coordinator/designee.
3. Inmates may be required to undergo specific testing for Hepatitis when the inmate is identified as a source of significant exposure of blood or body fluids to another inmate or staff. (Refer to AR 115.04, *Health Education and Access To Health Services*, Section 14, "Informed Consent").
4. The Institutional Health Care Coordinator/designee may test an inmate for Hepatitis infection when deemed medically appropriate. (Refer to AR 115.04, *Health Education and Access To Health Services*, Section 14, "Informed Consent.")

**C. Tuberculosis**

1. At the time of entry into NDCS, all inmates shall be tested by facility medical staff for Tuberculosis unless there is documentation of a previous positive test result. All positive tests will undergo chest x-ray.
2. Inmates may request voluntary screening for Tuberculosis subject to approval by the Institutional Health Care Coordinator/designee.
3. Inmates may be required to undergo testing for Tuberculosis when the inmate is identified as a potential contact to an inmate or staff member who is or was actively infected with Tuberculosis. (Refer to AR 115.04, *Health Education and Access to Health Services* Section 14, "Informed Consent").
4. The Institutional Health Care Coordinator/designee may test an inmate for Tuberculin infection when deemed medically appropriate. (Refer to AR 115.04, *Health Education and Access to Health Services*, Section 14, "Informed Consent").

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D. Other Serious and / or Infectious Diseases

Other serious and/ or infectious diseases will be handled in a similar manner under the supervision of the Institutional Health Care Coordinator/designee and in collaboration with the NDCS Infection Control nurse.

IV. SURVEILLANCE

- A. Exit screening for HIV (unless previously documented positive for this disease), STD's, and Hepatitis B and C (unless previously documented positive for these diseases) will be provided for inmates discharged or paroled from NDCS.
- B. Testing for tuberculosis, Hepatitis and HIV may be additionally performed when an inmate is identified as a potential contact to an inmate or staff member who is or was actively infected with an infectious disease.

V. IMMUNIZATIONS

Immunizations (when applicable) will be provided to inmates with HIV, Hepatitis or Tuberculosis per current Center for Disease Control recommendations.

VI. TREATMENT (See Medical Protocols # 25 and 27)

Treatment and referral of patients with infectious diseases or patients with a documented significant exposure to an infectious disease will be handled in accordance with community, state and Centers for Disease Control and Prevention (CDC) standards of care.

VII. FOLLOW-UP

Infectious disease follow-up will be performed per orders from the Infectious Disease Specialist and/or by chronic care protocol. (See Medical Protocol #16).

VIII. ISOLATION (when indicated)

In general, inmates suffering from serious infectious diseases will be housed in general population, unless otherwise medically contraindicated. Housing and/or work assignments may be modified at the discretion of the Institutional Health Care Coordinator/designee in consultation with Warden/Program Administrator/designee, with notification being given to NDCS Infection Control nurse. Contraindications will include, but not be limited to, significant risk of transmission of the infectious diseases to other inmates or staff.

IX. CASE REPORTING

The NDCS Medical Staff will abide by all State and Federal regulations pertaining to the reporting of infectious diseases. (See Medical Protocol #26)

X. INFECTION CONTROL COMMITTEE

The Institutional Health Care Coordinator/designee will coordinate all matters concerning prevention of infectious diseases in accordance with the NDCS Infection Control Manual, Infection Control Nurse, Medical Director and Safety and Sanitation Officer.

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A multidisciplinary team (Infection Control Committee) that includes clinical, security, and administrative representative meets at least quarterly to review and discuss communicable disease and infection control activities.

**XI. COUNSELING**

Inmates with a positive test for infectious diseases will receive counseling and education from the medical staff about the disease and, when indicated, referral will be made to the institutional Mental Health Department and/or appropriate community resources.

**XII. CONFIDENTIALITY**

Inmates have the right to privacy and individual human dignity; therefore special care will be taken to preserve the confidentiality of persons with serious infectious disease. (Refer to AR 115.03, *Health Care Records*.) Communication within the correctional facilities shall respect the right of privacy to include the patient's diagnosis, medical status, sexual orientation and/or personal habits.

The Warden and transfer coordinator at each facility will have access to a confidential registry of inmates who have special housing needs due to being in an active status of a serious infectious disease. Correctional staff that are involved in assigning living locations will only be advised that these inmates are inmates with special housing needs. The transfer coordinator or NDCS Infection Control nurse may be consulted to provide a list of inmates with whom the inmate with special housing needs may be housed. Inmates will not be assigned, when other housing is available, to facilities or housing units with communal restrooms or assigned to dormitory style housing units during the active state of Hepatitis B disease due to the infectious nature of the disease.

The Infection Control Nurse will be responsible for maintaining the registry in confidential folders for each facility on the agency's Q drive. This information shall include all active Hepatitis B and HIV positive inmates. The Infection Control Nurse will also be responsible for notifying the transfer coordinator and facility administrator when an inmate who is in an active state of the disease converts to an inactive health status.

**XIII. LAUNDRY SERVICES**

Normal laundry procedures involving hot water, detergent, and the heat setting in automatic clothes dryers are adequate for dealing with infectious diseases. In addition, household bleach should be used to launder inmate clothing to prevent the spread of infection.

In situations where a large amount of pourable/squeezable blood or body fluids have contaminated inmate clothing, the laundry shall be placed initially in a clear melt away plastic bag which will dissolve in the washing machine. These dissolvable bags will be placed in plastic bags which note, "Infectious Material." These bags will be handled by the laundry in accordance with the NDCS Infection/Exposure Control Plan.

**XIV. HOUSEKEEPING**

All blood or body fluid spills or equipment contaminated with blood or body fluid of any person will be promptly cleaned using a 1:10 solution of household bleach and/or using TEC/CIDE. If any cleaning materials or supplies become contaminated with blood or body fluids, they will be disposed of in accordance with 115.18, *Management of Medical Control Items and*

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*Disposal of Infectious Waste.* Proper disposable containers noting "Infectious Material" are in each clinic/hospital area.

XV. **EQUIPMENT**

NDCS will provide equipment for use by inmates and staff in the event of blood or body fluid incidents and CPR administration. CPR masks, which prevent air and saliva transmission, are available (along with the accompanying first aid kit) at strategic locations in each facility. A belt loop pouch or pocket pouch containing gloves shall be issued to all uniformed and non-uniformed correctional staff members in our facilities who have direct contact with inmates. These gloves are to be used for any exposure incidents to blood or body fluids. CPR masks or other first aid equipment can be obtained from the institutional medical clinic or hospital. In case of massive blood or body fluid contamination, face masks, eye wear, head cover, coveralls, shoe covers and gloves are available at designated locations in each facility as specified by the Safety and Sanitation Officer.

XVI. **TRANSPORTATION**

Transportation of infected inmates will be according to normal procedures, unless the Institutional Health Care Coordinator in consultation with the Warden specifies that precautionary measures must be taken.

XVII. **MEDIA RELATIONS**

Media discussion of issues related to infectious diseases in the NDCS should be coordinated with the NDCS Deputy Director of Health Services.

XVIII. **SEXUAL ASSAULT VICTIM NOTIFICATION**

Per Legislative Bill 186, NDCS will test an inmate for the presence of the Human Immunodeficiency Virus (HIV) upon order of the presiding judge. The results of the test shall be reported to the NDCS Infection Control nurse, who will work with local Health Departments, courts issuing the order for testing and victim's attorney in the release of test results to the victim.

XIX. **PRECAUTIONS FOR INMATES**

A. Introduction

If an inmate has reason to believe that he/she may have been exposed to an infectious disease through contact with blood, body fluids, etc. of another inmate or staff, an investigation will be conducted as is done for health care workers, correctional officers and other staff.

B. Procedure to be Followed

1. If an inmate is exposed to blood or body fluids of another inmate or staff, he/she should immediately take the following hygienic measures: The affected skin should be washed thoroughly with soap and water and/or the mouth, nose, eyes rinsed with clear water.

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2. The exposed inmate should then report promptly to Medical, giving details of the exposure and the identity of the source of blood or body fluids to which he/she was exposed.
3. The correctional facility health care staff will then make a decision regarding the risk of exposure to an infectious disease and will institute appropriate medical treatment. This will include diagnostic tests and counseling, not only for the inmate coming to the clinic, but also for the inmate to whom he/she has been exposed. Refer to Health Services Infection Control Manual.
4. Results of tests will be reported confidentially to the involved inmates. The exposed inmate may be advised to have repeat testing.
5. In the event of any positive tests, the inmate concerned will be provided with medical counseling and psychological counseling as indicated.

C. General Information

It is important to remember that a positive Tuberculin skin test does not constitute a diagnosis of active Tuberculosis. It indicates exposure to Tuberculosis infection and that one may or may not be infectious to others. Follow-up testing will be initiated.

XX. INMATE HIGH RISK BEHAVIOR IDENTIFICATION AND EDUCATION

A. Identification – High Risk Behavior

High-risk behavior is where bodily fluids are, or are suspected of being exchanged. This includes, but is not limited to, sexual activities, use of needles (i.e. tattoo, drug activities), physical altercations and other activities (i.e. sports) in which an inmate with a blood borne serious infectious disease could spread the infection to others.

When the Warden/Program Administrator/designee suspects an inmate's behavior and/or activity jeopardizes the security of the institution and could potentiate the spread of serious infectious diseases, the Institutional Health Care Coordinator/designee may be asked to review the inmate's medical file to confirm the presence or absence of serious infectious diseases. At the discretion of the medical professional, a medical examination and/or laboratory testing may be performed. The Warden/Program Administrator/designee in consultation with the Institutional Health Care Coordinator/designee will determine what action is necessary to maintain the safety of inmates and staff, and the control of the institution.

B. Procedure to be Followed

Once an inmate is placed in Administrative Confinement due to high risk behavior which could spread his/her serious infectious diseases, Health Services and Unit Management staff will work in coordination to provide the inmate the following:

1. Education regarding specific high-risk behavior and the potential for infecting others with a serious infectious disease. This information may be provided in writing, videotapes, cassettes, etc.
2. A Mental Health evaluation when indicated.

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3. Personal interview between inmate and the Institutional Health Care Coordinator/designee to address any questions and determine inmate's ability to understand and accept responsibility.

C. Accountability

1. Upon completion of the education and counseling sessions (generally within 60 days) the Institutional Health Care Coordinator/designee will document compliance or non-compliance and make recommendations on need for additional education, counseling, etc.
2. This information will be provided to the Warden/Program Administrator/designee for use in evaluating appropriate inmate placement, etc.

REFERENCE

I. ADMINISTRATIVE REGULATIONS

AR 112.35, *Employee Medical Monitoring Surveillance Program*

AR 115.03, *Health Care Records*

AR 115.04, *Health Education and Access to Health Services*

AR 115.18, *Management of Medical Control Items and Disposal of Infectious Waste*

II. ATTACHMENTS - None.

III. AMERICAN CORRECTIONAL ASSOCIATION (ACA) STANDARDS

A. Standards for Adult Correctional Institutions (ACI) (4th edition): 4-4354, 4-4355, 4-4356, 4-4357.

B. Performance Based Standards for Adult Community Residential Services (ACRS) (4th edition): 4-ACRS-4C-08 4-ACRS-4C-09 4-ACRS-4C-10